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ABSTRACT

An inter-agency health meeting regarding health services for Navajo Indians is reported on in this document. The meeting, sponsored by the Arizona Commission of Indian Affairs, involved agencies such as the U.S. Public Health Service, Bureau of Indian Affairs, and the Navajo Tribe. Included in the proceedings are reports and remarks by participants on topics such as tuberculosis control, environmental health, housing, health services to schools, maternal and child health, the eye-glasses program, migrant health problems, and reportable disease requirements. The document concludes with recommendations for training programs and other services. Appended is a summary of Navajo Indian health programs with plans for future action. (EL)

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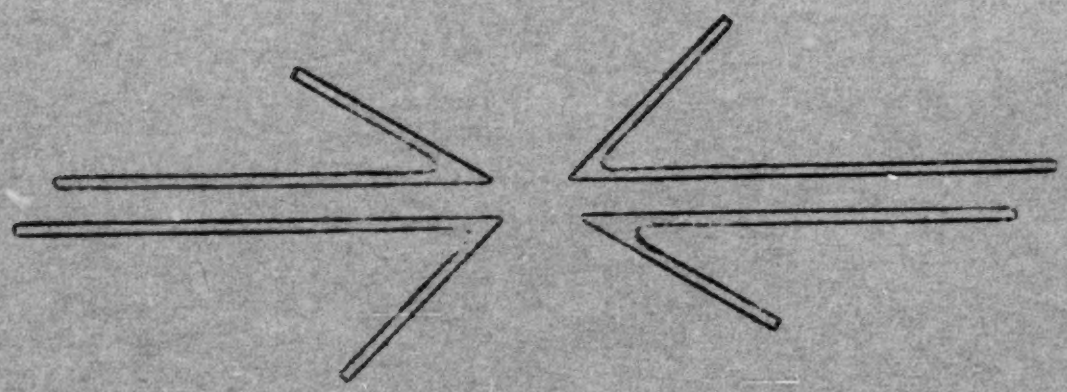
INTER-AGENCY HEALTH MEETING

(NAVAJO)



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SPONSORED BY: ARIZONA COMMISSION OF INDIAN AFFAIRS
1623 West Adams - Phoenix, Arizona

JOINT STAFF MEETING: NAVAJO AREA INDIAN HEALTH SERVICE
PHOENIX AREA INDIAN HEALTH SERVICE
ARIZONA STATE DEPARTMENT OF HEALTH

PLACE: PHOENIX, ARIZONA

DATE: JANUARY 22, 1970

CO-CHAIRMAN: Dr. George Bock, Director
Window Rock Area Office
U. S. Public Health Service

CO-CHAIRMAN: Dr. Henry D. Smith, Acting Commissioner
Arizona State Health Department

U.S. PUBLIC HEALTH SERVICE, NAVAJO AREA INDIAN HEALTH SERVICE:
Dr. George E. Bock, Director
Richard J. Anderson, Chief, Office of Environmental Health
Walter Meyers, Chief, Sanitation Facilities Construction Branch
Theodore W. Thoburn, M.D., Chief, Community Health Services
Mrs. Mary Steers, Chief, Medical Social Services
Robert L. Bergman, M.D., Chief, Mental Health Branch
Gene Meyers, Chief, Sanitation Branch of Environmental Health

ARIZONA STATE DEPARTMENT OF HEALTH:
Dr. Henry D. Smith, Acting Commissioner
Edmund C. Garthe, Assistant Commissioner for Environmental Health
Philip Hotchkiss, D.V.M., Acting Commissioner for Epidemiology and Program Design
Louis C. Kossuth, M.D., Assistant Commissioner for Health Programs
Robert C. Stine, Chief, Emergency Health and Medical Services
Ray Lewis, M.D., Assistant Commissioner for Mental Health Services
Sheldon Elman, Administrative Assistant, Tuberculosis Control
George B. Rowland, M.D., Acting Director, Preventive Health Services
Kenneth R. Norling, Health Facilities Consultant
Norman Page, Health Facilities Consultant
Miss Sally Leibovitz, Migrant Health Consultant
Miss Clara Daly, Public Health Nurse Consultant
Miss Beth Ussher, Therapist Consultant
Mrs. Georgia MacDonough, School Nurse Consultant
Frederic W. Baum, M.D., Director, Maternal and Child Health Division
John Faulds, Chief, Migrant Health
H. G. Crecelius, Ph. D., Director, Laboratory Division
Joe Obr, Director, Water Pollution Control Division
John Beck, Director, Division of Sanitation
Richard Bartholomew, Director, Water Supply Division
Mrs. Marian Carlson, Secretary

U. S. PUBLIC HEALTH SERVICE, PHOENIX AREA INDIAN HEALTH SERVICE:
Mrs. Mary W. Anderson, A.C.W.S., Chief, Medical Social Services

ARIZONA COMMISSION OF INDIAN AFFAIRS:
Charles Gritzner, Executive Secretary

As moderator, Mr. Gritzner stated that it was a privilege to sponsor this joint meeting and expressed the desire of the Commission of Indian Affairs to be as helpful as possible in any way it could and that it would be happy to arrange future meetings or to help with state legislation if needed.

I. OPENING REMARKS:

Dr. Smith

Dr. Smith stated that the fore-runner of this meeting, which was held last year, was the first he had attended and that it was very helpful in understanding the operation of the Navajo Indian Health Service and some of the problem areas. He stated that he would like the relationship between the two agencies to continue on an informal basis throughout the year.

Dr. Bock

Dr. Bock expressed the regrets for those members of his staff that could not be in attendance. He stated that the Navajo Area Office had learned much from the last meeting and that the agencies had continued to work together in such areas as environmental health. He stated that the last eighteen months had been very traumatic for the Indian Health Service - budget wise and personnel wise. They have been trying to carry on health services to the Indians with less personnel and less funds. Some of the inability on his part to respond to the problems was due to shortages in funds and personnel. He expressed the desire of the NIHS to continue to work with the State Health Department staff and to work for the solution of these problems.

II. Tuberculosis Control (Detailed TB summary attached)

A. Status of Navajo Project

Dr. Thoburn reported that the NIHS was waiting for a report on the funding of the Tuberculosis Project.

Dr. Bock reported that when the idea for a TB project was first conceived, he went to the tribal advisory council to ask for support as far as matching funds. Dr. Bock stated that the NIHS was not financially able to support the project alone. The council agreed to provide the matching funds and the project was submitted. After much waiting we found it was being held up in Dr. Cashman's office. They found that there were some technical reasons why it could not be funded. NIHS responded to these technicalities and finally a team of two persons was sent out to make a site visit. This team had never been around Indians before and knew nothing about tuberculosis. The last word NIHS had on the project was that, if certain corrections were made in the project, it might be funded.

Dr. Kossuth asked specifically what the project would do if funded.

Dr. Bock reported that the project was going to be tribally run. There would be a program wherby each service unit would have two tuberculosis aides and they would also have the rapport with our on-going program so that we would be able to identify a lot more TB than we are doing now. The other things that we hoped it would do would be to give the ability to have many of the Navajos that have to stay at the TB San return to their homes and still get continued treatment from these TB Aides.

Through NOEO, Navajo Office of Economic Opportunity, we had a project that gave us this kind of help. The Winslow office followed up on the return of the patients and gave them continued treatment and medication. If funded, the NIHS area office would train these aides.

Mr. Elman stated that while this was a Navajo project, each of the four states was to contribute it it. This project was a result of the Four Corners deliberation.

B. Laboratory Services Available to Indian Health Service

Dr. Thoburn stated that he would like this to be a discussion of the Lab services that are available to NIHS. Dr. Bock stated that the Lab services are very important to the NIHS and if they were curtailed, they would be in serious trouble as far as the identification of TB cultures was concerned.

Mr. Elman reported that at the last meeting with NIHS concerning support of the laboratory, we realized that the State Lab is running on a restricted type budget and does not have supplies or facilities to meet the demand for services this next year. Because of changes in funding agreements, the TB Control Office has not been able to give the Lab all the support they need. The Navajo Indian Health Office and the Phoenix Area Office had been contacted and asked to prepare a proto-type agreement which would be agreeable to both offices whereby services could be exchanged for supplies such as petri dishes and media. The Lab cannot continue to provide services without receiving any restitution. State Health Department personnel are still waiting to hear from them.

Dr. Thoburn questioned if the NIHS could not provide any supplies to the Lab, what services could they expect to receive?

Dr. Crecelius reported that in the last six months the Lab had received 3,061 sputum specimens from the Phoenix Area Office, 499 sputums from Sells and 439 sputums from NIHS. The Lab was able to provide the services without additional personnel and did not receive any restitution from any of the offices.

Dr. Bock stated that he thought that the two agencies should be able to work together to work out a solution. He requested that a member from the State Lab and one from NIHS meet together and come to some agreement.

Mr. Elman stated that an agreement had been drawn up and sent to Dr. Bergman some 4-5 months back and that no reply had been received. Dr. Bock requested Dr. Thoburn to check into this when they return to Window Rock.

C. State Hospital - Tempe

Dr. Thoburn reported that a few Navajo patients are sent to the TB San in Tempe rather than to Albuquerque; mainly Phoenix Area patients.

Dr Thoburn stated that it was preferred that Navajo TB patients be sent to Albuquerque. He stated that most pediatric patients were now going to Gallup.

Mrs. Anderson reported that it was acceptable for the Phoenix Area Office patients to go to the Tempe San and also Tucson patients.

III. Environmental Health

Mr. Richard Anderson Reported that some of the topics on the agenda were discussed last year but that there were still some problem areas. The NIHS Office of Environmental Health has 50 people. There are eight Service Units on the reservation with a sanitarian and engineer at each of the stations. At the present time there are two service units not having engineering positions filled. Also, there are sanitarian aides, engineering aides and biological aides who help wherever needed depending on workload.

A. Informational discussion of Public Health Law 86-121 Projects including Navajo Tribal Utility sponsored EDA Projects, Housing Projects, etc.

Mr. Anderson reported on the activities of the EHS Branch under Mr. Gene Meyers, Chief, Food service inspections are made at the 50 BIA schools every six months with a comprehensive survey being made every two years. In the last few years, over 100 ONEO Head Start Schools have popped up in any type of available building or abandoned trailer thus creating many problems. There is an institutional program with the hospital for water and milk testing, food inspections, general housekeeping, etc.

In the Sanitation Facilities Construction Branch, the activities are primarily concerned with administration of P.L. 86-121 which come into effect in 1959. It helps us work with the people in the construction of water and sanitary facilities. Since that time, approximately $16 million have been put into the program; $8½ million by the PHS and $7½ million by the Tribe. We provide the engineering and materials and supervision as such and the Tribe does the construction. The homeowner is also involved in the program in that he must provide facilities for a bathroom. After the project is completed, it is turned over to the Tribe to operate. One of the

tribal organizations that does this is the Navajo Tribal Utility Authority. This organization has been very successful in obtaining EDA water and sewer grants and we have some very large projects going on for Indian Reservations. Installation of the 30 mile - 18 inch transmission line between Farmington and Shiprock provides water for a growing population at Shiprock. Since the installation, we now have 600 homes being constructed along the transmission line in the San Juan Valley. The Navajo Tribal Utility Authority is now in the process of building a sewage plant at Shiprock for about 1½ million dollars. They have completed a number of small projects at Kayenta, Tuba City and other areas. These grants have assisted us a great deal in the development of these communities and have allowed industry to come in and to give the people some job opportuities that are really needed. Also assisting with federal housing projects.

B. Environmental Health Services to Arizona Public Schools and Commercial Establishments on non-tribal land.

Many requests have been received from public schools especially in Apache and Navajo County. This happened over a year ago and they still want us to provide the services which the county does not provide. Services provided by Coconino County have been very satisfactory.

C. Laboratory Services - Water and Milk (Bacteriological and Chemical)

Mr. Anderson stated that NIHS has had an agreement with the laboratory whereby they furnished media and petri dished upon request from Flagstaff in exchange for services. This has proven to be very satisfactory and it is hoped it will continue. There has been an indication that they would like to be paid on a sample basis. This will be explored further.

D. State Air Pollution Laws

Mr. Anderson commented on the construction of the new power plant at Page and the installation of air pollution control devices. Another problem is the burning of open dumps. What will state air pollution regulations include as far as open dump burning? It was felt that the greatest need is to provide water and sewer facilities on the reservation.

E. Water & Sewer Systems of Public Schools

A problem exists in construction of public schools where permission has been received to go ahead and build and where the schools are hooked up to an existing sewer system that cannot always handle the additional demand.

Mr. Bartholomew stated that his Division has to approve all construction plans and would like to have any ideas of capabilities of these systems. Any information that NIHS could give the Department would be appreciated.

IV. Arizona State Clinical Laboratory Licensure Act.

Dr. Bock was interested in the proposed enactment of these regulations.

Dr. Crecelius stated that the regulations to implement this act had gone before the Board of Health for review. After the Board has reviewed and given tentative approval, they will be sent to all interested parties for review and comment. Before they are finally adopted, there will be a public hearing where interested parties will be notified through legal channels. This is not anticipated before the end of March.

V. Maternal and Child Health

A. Premature Center and B. Premature Follow-up.

The program has been in operation for 2½ years. It is a transport program to bring premature babies to Phoenix. In that time, only 4 Navajo babies were cared for by this project. Total transport was 171 for the period. Follow up on these babies continues for 2 years after they go home by having Public Health Nurse visits and making a comprehensive report. Dr. Baum expressed that there was some difficulty in getting reports from the Reservation but that, after a meeting with Mary Anderson, there has been 100% follow up on reporting. The State feels it is a successful program and would like to expand if funds are available.

C. School Health

As to responsibility of State in on-reservation public schools, Dr. Thoburn reported that their operating manual gave them the permission to give schools services but they did not have to except in BIA schools. Most services have been preventive. They have supplied the medical doctor services and the schools have supplied the nurse. There is an agreement with schools where they bring sick Indian children to the hospital.

Curative services are provided to the general public; they do not have to be Indians.

Dr. Thoburn reported that they are being restricted by budget cuts and are cutting down on the MD's time.

Dr. Baum stated that he wished other parts of the State had as good a health program available as the PHS provides the Navajos - preventive-wise and with budget cuts. Mrs. Macdonough stated that there has been some controversy over who pays for biologicals, especially in the Kayenta area. There has been some correspondence back and forth and it is hoped that an agreement may be reached.

Dr. Hotchkiss reported that in the past, the Department has furnished vaccine for polio and measles through the Vaccination Assistance Act. There is just enough measles vaccine for the remainder of the fiscal year. A meeting to be held in San Francisco with regional representative may get things worked out.

D. Eye Glass Program

Dr. Thoburn reported that the NIHS took over the eye glass program from the Tribe. There are three optometrists - Shiprock, Tuba City and Gallup - who all refract. Glasses are provided through contract but it will not be possible to get all the glasses that are needed. NIHS has provided twice as many glasses as the Tribal group since the take over of the program. One problem with the program is that the children do not always show up for school the second year with the glasses. No program has been established to provide glasses for the adults. There was a problem in the past where patients who had cataract operations were not provided glasses after surgery.

The Tribal Welfare Office in Tuba City has agreed to let adults buy glasses from them after the cataract operation. The question was raised - Are the parents responsible to pay the $8 for new glasses when the child breaks them? Dr. Bock stated that wherever it was possible, this was still in effect.

Dr. Baum reported that we now have a full time vision screening consultant for public schools and BIA schools. Guidelines have been prepared and it is hoped to have training sessions in these schools strictly for visual acuity, muscle balance and depth perception. Trachoma is not included.

E. Maternal and Child Health Consultant Services Available from the State.

Dr. Baum reported that the school nurse is now working more on the reservations. A general nurse consultant is working on family planning with hospital personnel. She is available for consultation in other MCH areas. Child Day Care consultant works only part time with communities and agencies to improve day care centers. Nutrition consultant spends a great deal of time working with Head Start Programs including those at the NOEO office. A hearing consultant goes all over the state.

VI. Mental Health

Dr. Bergman reviewed the areas of importance. NIHS uses the facilities of the State Hospital very heavily. One of the major changes is the length of stays at the hospital of the Navajo patient. Two mental health workers make visits to the State Hospital and help with the patients. The hospital has no one who can communicate with the Navajos. Construction of psychiatric in-patient service at the Gallup Hospital will cut down the use of the State Hospital. It is

hoped this will be in operation this summer. The possibility of developing some kind of foster care program for the chronic psychiatric patient is being considered. A number of patients remain in the hospital because families are unwilling or unable to care for them at home. Another area of acute need is facilities for treatment of mentally disturbed children. There is a ward at the State Hospital so designed where a parent can have something to do with the treatment of the child. There is only one child receiving residential psychiatric treatment at a cost of $8,000. Another facility like Fort Grant is needed. This is being accomplished in the construction of a residential treatment center for juveniles at Mount Lemon.

Also needs for the treatment of the mentally retarded child should be considered. The facilities at the Children's Colony and Valley of the Sun School are used but have long waiting lists. There is a possibility of construction of a Valley of the Sun School Branch at Chinle which will be a big help. This facility will provide needed services. Parents would be able to see children and it would provide Navajo children with people who could speak their language.

Arizona Vocational Rehabilitation Department has been a big help from Flagstaff in training of Indians.

Dr. Bergman reported that there had been several meetings with Mr. Peterson and his group in Flagstaff on the proposed Comprehensive Mental Health Center in the northern counties. It was agreed that there is a need for such services but disagreed about the payment for those services. The policy has been established where patients who would be provided with care at the center would be charged on the basis of their income. In the case of the patient who could not be charged a fee, NIHS will pay whatever that fee would be. This has to be decided by the Service Unit Director on status of limited contract funds.

Dr. Bergman reported that there was no serious drug problem on the reservations even though drugs are available in the border towns.

Dr. Bergman commented on the change in admission procedures at the State Hospital. The mental health center in Flagstaff is now used. Dr. Dooley examines the patient and then makes the court appearance wherever required.

Dr. Lewis reported that there would be more psychiatric service available in Navajo and Apache counties if the grant goes through.

Dr. Bergman stated that it was necessary for the two centers in Winslow to work closely together so that there is no duplication of services.

VII. Migrant Worker

Mr. Faulds inquired if there was any way of letting the migrant worker know of the availability of family camps rather than have them build their hogans on the desert. Dr. Bock stated that there was a need for better communication and education of the migrant worker. There are about 7,000 migrant workers among the Navajos. Some receive employment through the employment agencies, others leave voluntarily to go back to the places they worked before and some are wildcatted off from saloons in Gallup and Shiprock and don't realize until he is on his way to the migrant camp what has happened to him. Dr. Bock stated that the migrant needs to know what housing is available, what health facilities are provided, insurance, etc. ONEO had a program that was attempting to do this but it was not funded.

Mr. Faulds stated that there is legislation being introduced to provide better living conditions and set standards for migrant labor camps. All of the deterioration at the migrant camps is not due to the owner. The migrants often change the positions of the windows and doors in the houses. Housing at the camps is not adequate for large families.

Dr. Bergman commented that the migrant is representative of the poorer class of people on the reservation. Often the Indian considers it more like a vacation to come to the migrant camps, regardless of the condition, in the warmer climates rather than bear the cold weather on the reservation.

In a discussion phase at the moment is the need for a traveling medical file for the migrant worker so that duplication of immunizations, TB screening and other testing are not done. Some sort of a file to go with the worker from one camp to another. Mr. Faulds reported that counties having migrant projects are issuing immunization cards from their clinics.

VIII. Reportable Disease Requirements

Dr. Hotchkiss reported that reports from the reservation were not coming in time to use in the mailout report. Attempts were made to go back and incorporate them in reports. A second look at the system has been made and steps are being taken to incorporate statistics we get from your Office. A meeting with your Office brought some agreement. Dr. Hotchkiss said that monthly run off would be sufficient reporting.

IX. Arizona State Hill-Burton Plan

Dr. Bock reported that the Navajo area would like to be considered in total plan especially for building of nursing homes and would like some communication as part of requirements in the plan for things like cultural ideas on the Navajo Reservation to be incorporated in the building plans.

Mr. Page reported that before the project could get underway, there had to be an agreement between the Tribe, the State Health Department and the Federal Government. This spelled out the ramifications of the project. Mr. Nelson has been in contact with the project architect to incorporate ideas of the Indians in the facility (Chinle Nursing Home) State Health Department staff would like to get input information in terms of problems of Indians from the appropriate people.

X. Emergency Ambulance Services

Dr. Bock inquired as to what is happening to the rest of the State re Emergency Ambulance requirements and in those areas contiguous to the reservation, and what possibility as far as availability of grants for communities on the reservation to develop mergency ambulance services?

Mr. Stine reported on this question. Ambulance services on the reservation are operated by the Navajo Tribal Police. A representative from your office came down and had a meeting with Mr. Boyd Gibbons with reference to funding Emergency Medical Service to be operated by the Navajo Police. Later he came down with a letter from Mr. Nakai which was a formal request for $186,000 for purchase of ambulance and training costs. A suggestion was made that the Navajo Nation, if they wanted to get Department of Transportation funds, should deal directly with the DOT because of the overlap of the reservation in other states.

Mr. Stine reported that in the three counties in which the reservation is a part, there is a Committee on Emergency Medical Services. In Coconino, Dr. Friddell is Chairman; Mayor Gillespi of Eager in Apache County and Mr. John Carr in Navajo County. They are cooperating with Dr. Friddell in making an emergency room survey in the hospitals and also of the ambulance services in Navajo County. These committees are having some difficulty in talking to the people on the reservation; would like to talk to you and your staff and, if necessary, the Navajo Nation itself. It has been suggested that the three county EMS men get in touch with your office and include the Navajos in the plans to make a survey of the present services available. There are some forms which we would like you to look over and perhaps discuss with you at a later date.

In the next three months, we are going to have a training program for emergency medical technicians. This will be a 20-hour course beyond the Red Cross Advance Training course bent toward accidents. This will be available to all comers in Arizona and will not exclude the Navajo reservation. Chevrolet Motor Company has agreed to provide a fully equipped ambulance for 18 months with all the requirements of the model ambulance ordinance. It will be sent out with training aides, qualified emergency medical technicians, who are American Academy of Orthopedic Surgeon Course

graduates and are also trained in the AMES program and they will go wherever necessary and train people. There are second and thrid phases to the program in Arizona. Second phase is a 40-hour television course to be offered later and the final course which is quite a ways off - a 2-Year Junior College Curriculum for emergency medical technicians. Before this can be done, we have to get a career field for technicians. The Dunlap Corporation has furnished DOT with a training course which is 80 hours - didactic and demo training plus either 40 hours in emergency room training or 120 emergency ambulance trips, at the end of which time these people can be certified on a national registry as emergency medical technicians. Mr. Stine requested an opportunity to come to Window Rock and discuss this program with Dr. Bock and his staff.

Mr. Stine also reported on the AMES medical project (Air Medical Evacuation Service) which will end at the end of the month. The project proved the value of the helicopter ambulance in isolated areas. It also proved that you can not run a helicopter for air evacuation alone. It has to be a multi-purpose operation - police surveillance or traffic surveillance. Within three months, the Department of Public Safety will have a helicopter ambulance service operating in Arizona. This will be a multi-purpose operation - emergency rescue and evacuation service anywhere in Arizona; also a public service.

XI. Health Consultant Services

Dr. Bock inquired as to what consultants the Health Department had that NIHS could call on.

Beth Ussher was requested to prepare a list of consultant services available from the Department and send it to Dr. Bock.

XII. State Sponsored Training Courses for Nurses

Dr. Bock inquired as to what services were available that NIHS could utilize, such as seminars, workshops, etc.

Clara Daly reported that there had been an in-service training program in the northern counties last year and that the reservation nurses have been invited and some did attend. One of our problems is that we do not have funds for resource people and in order to have the resources, the courses have to be in Phoenix. We realize that this creates a problem for the northern counties in providing travel expenses for their nurses. Our nurses need more communication with the nurses on the reservation and feel that this is a mutual feeling. State Nursing Division has an annual meeting for directors, consultants and supervisory nurses. Last year Mrs. Brown attended. All reservation nurses are invited to attend programs presented in the northern counties whenever possible. More communication is needed between nursing staffs so that each can be made aware of the problems.

Dr. Bock requested information on the Regional Medical Project that was trying to get a program to have seminars for the people in the northern counties.

Dr. Smith related that Dr. Thomas was on the coordinating committee for the Regional Medical Program for northern Arizona and perhaps you may want to contact him.

Beth Ussher reported that there had been a 2-day session on stroke care for physicians down through nursing aid personnel in Yuma. Also that the Standards Improvements under Bea Moore was having a consultative process workshop for consultants in the summer. Plans are for a 2-4 day workshop to include social workers, dieticians, physical therapists, nurses and occupational therapists. Would like to include NIHS services if they would be interested. Dr. Bock suggested that Beth Ussher contact Mrs. Steers regarding this program.

XIII. State Plans - Rehabilitative Services

Mrs. Steers requested information as to what kind of services they could get from the state. Services requested were for young people who had been injured either by illness or accident, particularly spinal cord injuries, patients who require long-term care. Dr. Smith reported that t he dropping of the categorical support by the federal government and shifting it to the regional medical program has by and large taken large part of our program. This is an area for which RMP might be more properly fitted. Other than specified programs that have to do with support, it might be said we have kept going on a shoe string and do not feel that we are going to expand. By mandate, we are not going to get any legislative funds for providing direct community services. Beth Ussher commented that follow-ups on rehabilitation are very poor. "Good Sam" Rehabilitation Center has a home care coordinator, Bonnie James, who is just handling cord injuries and other rehab unit patients that are more severely involved. Dr. Bock commented that the physical therapist has a unit set up at Fort Defiance.

Mr. Gritzner:

Before the conclusion of the meeting, Mr. Gritzner gave those in attendance an opportunity to add any additional comments. Appreciation w as expressed by those attending for the opportunity of sitting in on this interagency health meeting. They felt that it was a very worth while meeting. Dr. Bock requested that follow-up be done in those areas where there were problems. It was agreed that the various Divisions would try to meet and work with the NIHS in solving some of these problems. Dr. Bock expressed the hope to have the Chairman of the Navajo Health Advisory group in attendance. It was proposed that the next meeting be held on the Reservation since the last two had been in Phoenix and that October might possibly be a good time to have the next meeting.

DETAILED TB SUMMARY

TOPIC OF DISCUSSION	NAVAJO INDIAN HEALTH AREA	STATE HEALTH DEPARTMENT	FUTURE ACTION
I - Tuberculosis Control A-Status of Navajo Project	1-Brief history of project. 2-Site visit made by two representatives of Community Health Services (Washington D.C.) - No word as yet about possibility of funding. 3-Project, if funded, would permit the training and employment of Indian Health Workers to work at local service unit level in order to provide for increased out-patient and home-bound tuberculosis services.	1-Project, while Navajo Tribe initiated, included provisions for services from 4 states that adjoin reservation. 2-Arizona, because it has majority of reservation and Navajo population within its boundaries, is vitally interested in the funding of project.	1-Wait for report of on site review. 2-Work for funding. 3-Continue state support.
B-Laboratory Services Available to Indian Health Service	1-Laboratory services are very important to NIHA and curtailment would jeopardize TB program.	1-Continuing demand for laboratory services coupled with funding problems associated with TB. Project has resulted in problem for laboratory - Cannot continue to respond to increased requests for service if no assistance provided. 2-Meeting held several months ago with representatives of NIHA, Phx. Area and State H.D. to discuss assistance for lab. Agreed that IHS would prepare agreement papers that would provide for payment in form of supplies. No word has yet been heard from either NIHA or Phx.	1-Dr. Thoburn will investigate the status of DIHS agreement papers upon his return to Window Rock.

C-State Sanatorium-Tempe	1-While some Navajos have been admitted to the State San, they were admitted through the Phx. Area Office - Navajo IH Service Contract Funds used to pay for State San. care. 2-DIHS would prefer to utilize Indian Health Service Facilities located in Albuquerque.	No comment	None
II - Environmental Health A-Informational Discussion of Public Law 86-121	1-Brief discussion of the implementation of PL86-121 - concerned with the construction of water and sanitary facilities. Since 1959 approx. 16 million dollars have been put into program - 8½ million by Public Health Service in form of engineering, supervision and materials - 7½ million by Navajo Tribe in form of actual construction costs. 2-Continuing heavy reliance upon EDA water and sewer grants - mainly obtained by the Navajo Tribal Utility Authority.	No comment	None
B-NIHA Env. Health Services to Arizona Public Schools and Commercial Establishments on non-tribal land.	1-Continue to receive requests from Public Schools & Commercial Establishments located on non-tribal land for environmental health services. Claim they can get no services from county health depts. Only county providing services is Coconino.	1-Because of personnel shortages and great distances involved, Apache and Navajo counties have difficulty in providing necessary services. 2-Problem of providing env. services in Apache & Navajo counties is not only related to reservation portion of counties. Private citizens have ezpressed same problem.	State recognizes problem and will continue to try to require Apache and Navajo County to provide required and necessary environmental services.

	2-Sources are provided to public schools on a request only basis - all inspections are unofficial. 3-If personnel shortage problems continue - might not be able to continue to provide service - can anything be done to require county to provide env. services?	3-State is now working on new performance standards that will be applicable to all counties that receive state funds. Problems develop however, when citizens do not demand services.	
C - Laboratory Services - Water and Milk	1-For several years the NIHA has been using Arizona lab facilities located at Flagstaff for bacteriological and chemical evaluation of water and milk samples. Services have been paid for in the form of supplies. NIHA would like to continue this practice. 2-Bacteriological and chemical analysis now available at NIHA facility in Gallup. Areas adjacent to Gallup will begin to use these services. Areas distant from Gallup with continue to use Flagstaff because of time factor. While total reliance upon Flagstaff facility will decrease, it will continue to be heavy. 3-Navajo nation is attempting to combine all water and sewer systems - this should reduce the number of water samples necessary.	1-Dr. Crecelius briefly reviewed the present work load of the Flagstaff laboratory, noted the contribution of the NIHA to the work load and intimated that he is willing to continue the verbal supplies for service agreement. 2-State Environmental Section also samples water supply in Apache county - possibility raised that NIHA & State are duplicating each others activities.	1-Attempt to coordinate sampling of water supplies in areas where both NIHA and State HD are active. This should reduce the amount of duplicated work.

D - State Air Pollution Laws	1- What will the state regulations be on open dump burning? 2-Will Navajo Reservation area be subject to such regulations? 3-Large sparsely populated areas make sanitary landfills impractical. It is difficult to enforce no open dump burning regulations. 4-Greatest need at this time is to provide safe water and sewer facilities on reservation.	1-Open dump burning is considered part of solid waste control. Regulations exist now that will make open dump burning not acceptable except in sparsely populated areas. Counties, by regulation, can permit some open burning. 2-State is in the process of asking counties to act on open dump burning and solid waste control. If no action is taken then state can prempt county authority and begin to take corrective actions. 3-With respect to air pollution-it might be more meaningful for the Navajo Tribe to promulgate its own regulations. Regulations should be enforceable. 4-While Navajo nation could accept state air pollution regulations and thereby eliminate jurisdictional problems, it is recognized that when 4 states are involved, compatable legislation is difficult to obtain.	1-Assist NIHA in preparation of air pollution regulation that would be presented to the Navajo nation for approval and acceptance.
E - Water and Sewer Systems of Public Schools	1-Problem developing with public schools that are built on reservation that expect to be able to hook up to existing water and sewer system that are inadequate for school's purpose.	1-State Health Dept. must review all proposed school designs before funds are made available 2-Problem develops when State Health Dept. has no information on adequacy of water and sewer system and they are rushed to review the school design.	1-Coordinate review of school design with NIHA environmental service units to obtain necessary info concerning adequacy of water and sewer supply.

III- Arizona State Clinical Laboratory, Licensure Act.	1-What is the status of proposed rules and regulations concerning act & how will act affect Public Health Service laboratories.	1-Board of Health is reviewing rules and regulations concerning implementation of act. After R & R have received tentative Board approval, they will be sent to all interested parties for review & comment. A public hearing will be held prior to final Board adoption. All interested parties will be notified about public hearing. Public hearing is not expected before end of March.	1-Keep NIHA informed, through regular channels.
IV - Maternal and Child Health A-Premature Center and B-Premature Follow-up	1-What is status of program, will it continue and availability of service to Navajos.	1-Program has been in operation 2½ years and has transported 171 premature babies to Phx. 2-To date 4 Navajo babies have been cared for by this program.. 3-Follow-up for babies is to extend for 2 years after return home. Initially the program had difficulty in obtaining follow-up information. Now, follow-up reports have been provided for all Navajo babies cared for by program. 4-Program is successful and state would like to expand services if money becomes available.	None
C-School Health Responsibility of State in On-Reservation Public School in Relation to Preventative, Curative	1-While the Ind. H. S. is responsible for providing school health services to the BIA schools located on the Navajo reservation, they are not responsible for providing services to the public schools.	1-State Health Dept. complimented the NIHA on the care provided to students attending public schools. 2-State regulations clearly require the local counties to provide curative services.	None

and School Physical Examination Services.	2-Services are provided to public schools for a preventive health only. School provides nursing personnel and NIHA provides physician. Restrictive budgets might force NIHA to reduce physician services to public schools. All sick Indian children attending a public school are eligible for care at a PHS Indian hospital. 3-What services can the State provide to the public schools on the reservation?	3-State Health Dept. has provided polio & measles vaccine to the Ind. H.S. and the public schools through the Vaccination Assistance Act. There is only a limited supply of measles vaccine for remainder of year. German measles vaccine will be available soon - definite dates not available. 4-Public school nursing consultant has been working with public schools on the reservation.	
D-Eye Glass Program	1-Since NIHA has taken over the eye glass program from the Navajo Tribe, they have provided twice as many glasses as the tribe did. 2-There are now three optometrists (Shiprock, Tuba City & Gallup) which are able to refract down to 20/40 vision. 3-Problem with adult patients needing glasses after cataract operations has been resolved.	1-Full-time vision screening consultant is now available for all public schools & BIA schools located within the state. 2-Guidelines for vision screening are now available. It is hoped that arrangements can be made for teaching sessions to be conducted in the schools in the near future.	1-Provide NIHA with copies of state vision screening guidelines.
E-Maternal & Child Health Consultative Services Available for State	1-What consultative services are available?	1-Vision consultant. 2-School nurse consultant - has been active on the Navajo reservation. 3-Generalized Maternal & Child Health Consultant - at present time involved in organizing family planning workshop for hospital personnel. 4-Hearing consultant - can identify hearing problem but no curative services available at this time. 5-Child day care consultant-works	None

		only half time and is primarily involved in improving day care centers. 6-Nutrition consultant-actively working with Head Start Programs including those sponsored by the Navajo office of Economic Opportunity.
V - Mental and Child Health	1-NIHA relies heavily upon the facilities of the state mental Hospital. Problem associated with Patients who speak no English has been resolved by employing 2 Navajo speaking mental health workers who travel to hospital on a regular basis. In addition to assisting in patient care this also has per mitted shortening of hospitalization. 2-By next summer the Gallup hospital will have facilities to care for maximum of 24 acute mental patients. Hopefully this will decrease need to utilize State Hospital facilities. 3-Need to develop a foster care program for the chronic psychiatric patient. Many patients in this category are hospitalized merely because families are either unwilling or unable to care for patient at home. 4-Need for another facility like Fort Grant. Hopefully the unit under construction at Mt. Lemmon (residential care for treatment of juveniles) will answer this need.	1-Increased services, especially in Navajo and Apache counties would be available if pending application for funds is approved.

None

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	5-Need for facility for treatment of mentally disturbed children on the reservation. Facilities at Children's Colony and Valley of Sun School are not sufficient for problem. Purposed branch of Valley of Sun School located in Chinle would relieve burden and benefit child and parent. The tribe however would have to assume construction costs. 6-Mental Health Center in Flagstaff is now used as referral agent for patient who resides in Coconino County who needs to be legally committed to the State Hospital. 7-Need for comprehensive mental health center for northern counties - particularly helpful for off reservation Indians. NIHA will pay prevailing fee for Indian patients from available contract funds. 8-Even though drugs are available to Indians at border towns, there appears to be no drug problem on the reservation. 9-Because the Indian Health Service and the Northern Arizona Comprehensive Guidance Center conducts clinics in the Winslow area, cooperation is needed to avoid duplication of services.		
VI - Migrant Worker	1-App. 2000 Navajo migrant workers. NIHA is not always aware of who these are and is not aware of what housing, health facilities, etc., is available for migrants.	1-Definite need exists for a system of providing Navajos with knowledge concerning available facilities and how to utilize facilities.	1-Need to prepare a Traveling Medical file for Navajo migrant workers to curtail duplication

	2-Navajo office of Economic Opportunity has requested funds in order to alert the migrant worker what services are available and how to use the facilities provided by the labor camp, but no funds have been provided as yet.	2-Legislation has been introduced to provide for better living conditions and to set standards for migrant camps.	of health services.
VII- ASDH Reportable Disease Requirements		1-Problem centers around fact that reports from NIHA have not been submitted in time for the information to be used in monthly report that is mailed to all agencies and physicians. 2-Recent meeting apparently will rectify most of the problems. The monthly print-out prepared by the NIHA will be sufficient for reporting purposes except for TB & VD cases. TB & VD cases must be reported to state immediately.	
VIII-Arizona State Hill Burton Plan	1-Need for the State Hill Burton Plan to be not only responsible to the actual needs of the community but also the cultural needs of the population. 2-Needs to be a reevaluation of the criteria used to established needs in order to be more responsive to the actual needs of the community.	1-It is hoped that the State plan, available by May, will be more responsive to the varying needs of the locality. 2-Because the Indian population represents a sizable component of the total state population, the state needs information about the needs of the Indians in order to assure that priority areas established are realistic and meaningful.	None

IX - Emergency Ambulance Services	1-What is happening in the State regarding emergency ambulance service requirements especially in those areas contiguous with the Navajo Reservation? 2-What is the possibility of communities on the reservation receiving grants to develop emergency ambulance services?	1-Because of an Attorney General's Opinion, the Navajo nation is not eligible to receive a grant from the State HD to develop emergency ambulance services. 2-Navajo nation could apply directly to the Department of Transportation for funds. 3-Each of the three northern counties have established a committee on Emergency Medical Services and are in the process of making a survey concerning the availability of emergency room and ambulance services. Committees have been requested to contact the NIHA and the Navajo nation so that they would be included in the survey. 4-Training course planned for the State:a-In next 3 months state will conduct a 20 hr. training course for emergency medical technicians (beyond Red Cross advance training). Program will be available to participants from all areas of the state. State will have available a new fully equipped ambulance for training purposes that will travel the state. b-40 hour television course. c-A two year Junior College curriculum will be developed in order to establish a true emergency medical technician field. People taking this type of course could be certified on a national registry as emergency med. technicians.

		A prototype course presented by the Dunlap Corp. is currently being reviewed. 5-Air Medical Evacuation Services will end Jan. 31, 1970. While the project proved the value of helicopter ambulance services for isolated areas, it also proved that a helicopter could not be economically used for air evacuation purposes only. Within three months, the Dept. of Public Safety will begin to operate a multi-purpose helicopter that will be used for traffic surveillance, police surveillance and medical evacuation. Evacuation service will be state-wide.	
X - Health Consultant Services	1-What consultant services are available to the NIHS?	1-A workshop is planned for multi-disciplinary consultants.	1-Beth Usher to prepare a list of Consultant services available from the State Dept. of Health for Dr. Bock.
XI - State Sponsored Training Courses for Nurses	1-What state sponsored training courses for nurses are available to NIHA? 2-Information requested concerning possibility of Regional Medical Program sponsoring Seminar for people in northern counties.	1-In-Service training course conducted in Flagstaff last year - NIHA nurses invited and some attended. 2-State Nursing Division has annual meeting for nursing directors, consultants and supervisors. Last year NIHA was represented. 3-All NIHA nurses are invited to attend all programs presented in northern counties when such	None

		programs are presented. 4-Problem is that there is no money allocated for resource people and consequently most seminars must be conducted in Phoenix. 5-Dr. Thomas of Coconino County H.D. is on coordinating committee for Reg. Medical Program. Perhaps he could assist NIHA in obtaining funds for seminars. 6-Report on a 2-day session conducted in Yuma County on care of stroke patients. Seminar was for physicians and nurses. 7-Standards improvement plans to have a consultative process workshop for consultants during the summer. Meeting will be for 2-4 days and will include social workers, dieticians, physical therapists & occupational therapists. NIHA is invited to participate.	
XII - State Plans - Rehabilitative Services	1-What services are available for young people who have been injured either by illness or accident - with particular emphasis upon spinal cord injuries and those requiring long-term care?	1-Because categorical federal support was shifted from State to Reg. Medical programs, there are only very limited state services available and probably will not expand. By mandate the State Health Dept. will not receive funds for direct community services.	None
XIII - Next Meeting	Proposed that next meeting be held on the Navajo Reservation during the month of October, 1970.	ACKNOWLEDGE: These notes were furnished by Sheldon B. Elman and were taken at the Interagency Health Meeting (Navajo), Jan 22, 1970.	

ARIZONA COMMISSION OF INDIAN AFFAIRS
1623 West Adams - Phoenix, Arizona
(85007)

A G E N D A

INTER-AGENCY HEALTH MEETING (NAVAJO)

PLACE: Environmental Health Services
4019 North 33rd Avenue (Hayden Plaza West)
Phoenix, Arizona

DATE: January 22, 1970 9:00 A.M. to 4:00 P.M.

Sponsored by the Arizona Commission of Indian Affairs - Charles Gritzner, Moderator

I. Opening Remarks
Dr. Henry Smith, Commissioner
Arizona State Department of Health

Dr. George Bock, Director
Navajo Area Indian Health Service

II. Tuberculosis Control
Dr. Ronald E. Pust, Tuberculosis Control Officer

A) Status of Navajo Project
B) Laboratory services available to Indian Health Service
C) State Hospital - Tempe

III. Environmental Health
Mr. Richard Anderson, Chief, Office of Environmental Health Service

Mr. Walter Meyers, Chief, Sanitation Facilities Construction Branch

A) Informational discussion of Public Law 86-121 Projects including Navajo Tribal Utility Authority sponsored E.D.A. Projects, Housing Projects, etc.
B) Environmental Health Services to Arizona Public Schools and Commercial Establishments on non-tribal land
C) Laboratory Services - Water and Milk (Bacteriological and chemical)
D) State Air Pollution Laws
E) Water and Sewer Systems of Public Schools

IV. Arizona State Clinical Laboratory, Licensure Act - Dr. Bock

V. Maternal and Child Health
Dr. Robert VanderWagen, Deputy Director, Navajo Area Indian Health Service
Maternal and Child Health Consultant

A) Premature Center
B) Premature follow-up

V. Maternal and Child Health (Continued)

C) School Health
   1. Responsibility of State in on-reservation public schools
      a. Preventative services
      b. Curative services
      c. School physical examinations
D) Eye Glass Program
E) Maternal and Child Health Consultative Services available from State

VI. Mental and Child Health
Dr. Robert Bergman, Chief, Mental Health Program, Indian Health Service
Chief, Mental Health Branch, Navajo Area Indian Health Service

VII. Migrant Worker

VIII. Arizona State Department of Health Reportable Disease Requirements

IX. Arizona State Hill Burton Plan

X. Emergency Ambulance Service

XI. Health Consultant Services

XII. State Sponsored Training Courses for Nurses

XIII. State Plans - Rehabilitation Services

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